

<i>SERFF Tracking Number:</i>	<i>MUTM-126836170</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46917</i>
<i>Company Tracking Number:</i>	<i>WANDA HILL</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>2010 Reinstatement Application - D115LNA10A</i>		
<i>Project Name/Number:</i>	<i>2010 Reinstatement Application/D115LNA10A</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2010 Reinstatement Application SERFF Tr Num: MUTM-126836170 State: Arkansas
- D115LNA10A

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

State Tr Num: 46917

Sub-TOI: L08.000 Life - Other

Co Tr Num: WANDA HILL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Wanda Hill, Kim
Meyerring, Ellen Cochrane, Kristin
Miller

Disposition Date: 10/01/2010

Date Submitted: 09/28/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Reinstatement Application

Project Number: D115LNA10A

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/01/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/01/2010

Created By: Kristin Miller

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kristin Miller

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Individual Life Insurance

D115LNA10A Application for Reinstatement

Enclosed for filing with your Department is a copy of the above-captioned form in final format for review and approval.

SERFF Tracking Number: MUTM-126836170 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46917
Company Tracking Number: WANDA HILL
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2010 Reinstatement Application - D115LNA10A
Project Name/Number: 2010 Reinstatement Application/D115LNA10A

Application for Reinstatement D115LNA10A is new and not intended to replace any previously approved form. It contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, this form complies with all your applicable statutes.

Application D115LNA10A contains underwriting questions that are required to be answered in order to qualify for reinstatement of coverage. This application will be used to reinstate individual life policies that require full and simplified medical underwriting.

We request approval of this application for general use with any previously approved life insurance plans we currently offer, and any such life plans we may file in the future.

Enclosed are the required filing materials. Please feel free to contact me if you should have any questions and/or concerns. Thank you for your time and consideration of this submission.

Sincerely,

Wanda Hill
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-3440 (Collect)
Fax: 402-351-5298
E-mail: wanda.hill@mutualofomaha.com

Company and Contact

Filing Contact Information

Wanda Hill, Senior Policy Drafting and Regulatory Specialist
Regulatory Affairs
Mutual of Omaha Plaza
Omaha, NE 68175

wanda.hill@mutualofomaha.com
402-351-3440 [Phone]
402-351-5298 [FAX]

Filing Company Information

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-6420 ext. [Phone]

CoCode: 69868
Group Code: 261
Group Name:
FEIN Number: 47-0322111

State of Domicile: Nebraska
Company Type: Life Insurance
State ID Number:

<i>SERFF Tracking Number:</i>	<i>MUTM-126836170</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	09/28/2010	39961831

SERFF Tracking Number:	MUTM-126836170	State:	Arkansas
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Product Name:	2010 Reinstatement Application - D115LNA10A		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/01/2010	10/01/2010

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Disposition

Disposition Date: 10/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Credit Card Cert		Yes
Form	Application for Reinstatement		Yes

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Form Schedule

Lead Form Number: D115LNA10A

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	D115LNA10A	Application/ Enrollment Form Application for Reinstatement	Initial			D115LNA10A.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



Please mail application and appropriate forms to: United of Omaha Life Insurance Company, Attn: Reinstatement Services, 9330 State Hwy 133, Blair, NE 68008

APPLICATION FOR REINSTATEMENT

The owner _____, and all insureds hereby apply for reinstatement of policy(ies) _____

Name of Person Proposed for Reinstatement		Name of Other Person Proposed for Reinstatement		
Name and Address of Personal Physician		Name and Address of Personal Physician		
Reason:		Reason:		
Date Last Seen:	Current: Height: _____ Weight: _____	Date Last Seen:	Current: Height: _____ Weight: _____	
Has this person lost more than 10 pounds within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate cause: _____		Has this person lost more than 10 pounds within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate cause: _____		
1. In the past 10 years, has any person proposed for reinstatement under the policy:		Proposed Insured	Other Proposed Insured	
(a) received treatment for, or been diagnosed by a licensed physician as having: Coronary Artery Disease, Heart Attack, Heart Valve Disease or Murmur, Stroke/ministroke, abnormal heart rhythm, Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down's Syndrome, Autism, or any other disease of the central nervous system, Lung disease, Kidney disease, Liver disease, Diabetes, Cancer, Leukemia, Melanoma or other malignancy (excluding Basal Cell skin cancer), Alcoholism, Scleroderma or Systemic Lupus?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a physician or other health care provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) used unlawful drugs in any form (including cocaine, methamphetamines and hallucinogens) or used prescription drugs other than as prescribed (including sedatives, tranquilizers, or narcotics) in any form?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving, or had four or more moving violations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(e) been convicted of a felony, or have been incarcerated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. In the past 5 years, has any person proposed for reinstatement undergone any blood, urine, X-ray, electrocardiogram, or laboratory tests or special examinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is any person proposed for reinstatement currently bedridden or confined to any hospital, nursing home, or other medical facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has any person proposed for reinstatement ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered "Yes" to questions 1, 2, or 3 above, please provide details below. Please use an additional sheet if necessary.				
Name of Person	Details or Reasons	Onset Date	Recovery Date	Name and Address of Physician
5. Has any person proposed for reinstatement used (a) any form of tobacco or (b) any form of nicotine replacement therapy? If answered "Yes" to question 5, please provide details below. Please use an additional sheet if necessary.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Person	Form of Tobacco/Nicotine Replacement Therapy	Number Per Day	Date Stopped	

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

All answers in this application are true and complete, to the best of my knowledge and belief, and will be relied on by United of Omaha Life Insurance Company to determine insurability. Reinstatement of your policy shall not be effective until this application is approved by United of Omaha Life Insurance Company's underwriting department and the required premium, as provided in the policy, has been paid to the Company.

The owner and all proposed insureds age 14½ or older must sign this application. If any proposed is under age 14½ the parent or guardian must sign. A completed and signed application for reinstatement will become a part of each applicant's policy.

X _____ / /
Signature of Proposed Insured Age 14½ and Over Mo Day Yr

X _____ / /
Signature of Owner/Trustee if other than Proposed Insured Mo Day Yr
include title of Signee.

X _____ / /
Signature of Other Proposed Insured Mo Day Yr

X _____ / /
Signature of Parent or Guardian if Proposed is under age 14½ Mo Day Yr

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
AR Read Cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Credit Card Cert		
Comments:			
Attachment:			
AR Credit Card Cert.pdf			

CERTIFICATION

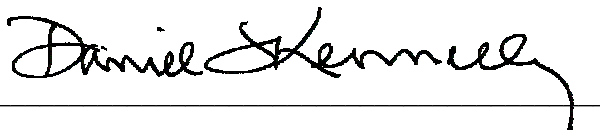
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
D115LNA10A	Application	**

*Meets or exceeds your Flesch score requirement of 40 when scored with the base policy.

*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

Date: September 28, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

Daniel Kennedy
SIGNATURE

September 28, 2010
DATE

United of Omaha Life Insurance Company
COMPANY

CC-1